

DEPARTMENT OF ADMINISTRATION  
Bureau of Human Resources

December 3, 1990

**HUMAN RESOURCES MEMORANDUM 24-90**

**TO:** Departmental Personnel Managers/Officers  
**SUBJECT:** New Form on Continuation of Benefits Coverage  
(PER 108A).

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Attached are copies of a new form for your use in notifying central agencies of COBRA qualifying events or changes which affect life insurance.

This form is a 5-part form which is originated within the department personnel office each time an employee begins an unpaid leave of absence or terminates.

As you are probably aware, the plan administrators of life insurance, health insurance and dental insurance are under statutory obligation to offer continuation of benefits coverage when an employee terminates or begins an authorized unpaid leave of absence. These plan administrators are not always notified within the plan notification period by standard personnel and payroll forms and processes. The purpose of this form is to provide direct notification from you to the plan administrators in order that the plan administrators can meet their statutory notification requirements.

GENERAL INSTRUCTIONS

1. Whenever an employee begins an unpaid leave of absence or terminates, have the employee complete and sign Form PER 108A.
2. In the event the employee is not available to complete the form, the department will complete the form except for the election of coverage section, the employee signature and date section.
3. Forward the various pages of the form as described below immediately. Do not wait until formal personnel processing is complete to process this form.

A. Remove the life insurance copy and mail to:

State Employee Life Insurance Plan Administrator  
Maine State Retirement System  
State Office Building  
Mail Station #46

B. Remove the Health and Dental copy and mail to:

State Employee Health Insurance Program  
Department of Administration  
State Office Building  
Mail Station #114

4. Remove the employee copy and give this to the employee. In the event the employee has not signed the form, this copy can be discarded.

5. When the employee is processed for the unpaid leave of absence or the termination through the MFASIS Human Resource System, attach the Human Resources copy with the Human Resources Profile and send to the Bureau of Human Resources. We will hold all termination and beginning of unpaid leave actions pending receipt of our copy of this document.

6. File the departmental personnel copy in the personnel folder for the employee as a permanent record of your part of this activity.

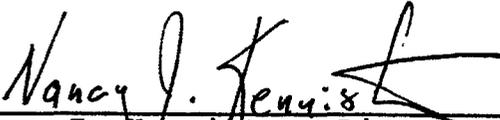
7. There are no changes to any other Human Resources or payroll processes as far as you are concerned.

8. When the Bureau of Human Resources receives the copy of the continuation of benefits coverage form attached to the Human Resources Profile, the form will be reviewed to determine if the form has been signed by the employee. If the form has been signed, we will presume the employee has seen and read the information on the form and that you have correctly and timely notified the plan administrators of this action. The Bureau will film the form on the employee's microfiche record. If the form has not been signed, we will presume the employee was not available to complete the form. In this case, we will prepare a notification letter to the employee from each of the plan administrators which notifies them in writing of their health, dental or life insurance options.

Additional copies of this form are available through the Bureau of Purchases Warehouse. You will need to order them by the pad. Each pad contains 25 complete sets. Because these forms are color coded, do not substitute photocopied or in-house printed copies of these sets as furnished by the State Warehouse.

If you need additional information, please contact Jeannie Johnson at the Bureau of Human Resources for instructions on preparation and submission of the form. You may contact the Health, Dental and Life Insurance Plan Administrators directly for additional information concerning a specific plan.

This procedure is in effect immediately. For employees who may have already terminated or begun an unpaid leave of absence, do not try to obtain a signed copy of this form. For employees who terminate or begin an unpaid leave of absence following your receipt of these instructions, the procedures in this letter apply.



Nancy J. Kenniston, Director  
BUREAU OF HUMAN RESOURCES

Attachment